

# **Placer County Mental Health, Alcohol and Drug Board**

## **ANNUAL WORKSHOP/RETREAT**

May 8, 2015

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**Attendees:** Maureen Bauman, Yvonne Bond, Cheryl Cleveland, Will Dickinson, Jim Holmes, Debra Nyland Jarvis, Janna Jones, Janet O'Meara, Sharon Stunners and Theresa Thickens

**Guests:** Twylla Abrahamson, Jeff Cowen, Amy Ellis, Christi Fee, Jainell Gaitan, Lauri McNally, Marie Osborne, Candyce Skinner and Windy Wertingerber

### **INTRODUCTIONS**

Janet O'Meara, Chair, commenced the Mental Health, Alcohol and Drug Board (MHAD) Annual Workshop/Retreat at 9:00 a.m., providing the following information for attendees:

- Not an official part of the regular MHADB meeting.
- No decisions are made during this time.
- Input only.
- Training for Board members and public, if present.

Janet O'Meara, MHADB Chair, introduced herself and reviewed the meeting agreements for today's annual retreat/workshop.

#### ❖ **Housekeeping/Meeting Agreements (overview of the day)**

- **Meeting agreements were identified**
  - *One person speaks at a time*
  - *Listen to each other's perspective*
  - *Be respectful*
  - *Take breaks as needed*

#### ❖ **Gathering**

##### **Speaker with Lived Experience**

- None

##### **Review Agenda – Janet O'Meara**

##### **Board Introductions (background and interest)**

- Members introduced themselves, provided a brief history, identified what brought them to the Board and shared something about them others may not know.

#### ❖ **Public Comment**

- None

#### ❖ **Review of Roles and Responsibilities – Janet O'Meara**

- Used the Placer County Mental Health Alcohol and Drug Advisory Board Member Handbook as a guide/tool for this agenda item.
- Focused on pages 2 and 23, explaining the roles of Boards and Commissions. – the venue in which citizen participation can happen.
- Reviewed the Mental Health Boards and Commissions Statutory Duties (Welfare & Institution Code Section 56.04.2) and what the Board's duties include.
- It's critical for members to meet with the Board of Supervisor of the district he/she represents.
- Under number 3 of the Welfare & Institutions Code 5604.2, Maureen Bauman advised how important it is to communicate concerns and findings directly with the Director and staff. This provides us an opportunity to figure out

what to do about the problem/issue. The Board of Supervisors likes to hear about the problems but also wants to hear solutions at the same time.

- Highlighted the Statutory Mandates Overview on page 21.

❖ **What Worked/Didn't Work in the Role of Board Members** – Theresa Thickers

- What are we supposed to be doing and what authority we have?
- Opened up a dialogue to share thoughts and ideas.
- Get acquainted with programs.
- When committees present to the Board → add in context of goal for the year.
- Look for gaps in services, unmet needs.
- Discussed what “advocating” looks like.
- Advocacy for:
  - Groups of people
  - Gaps in service
- Outreach:
  - At events with Board table
  - Campaign for Community Wellness
  - NAMI
- Invite advocacy groups to our meetings.
- Message:
  - Develop a mission statement for MHADB with personal reason for getting involved
  - One-page presentation (includes purpose, how issues are addressed, what the Board does)
  - Example of accomplishments
  - Business card with County logo
  - Ad hoc Committee
- Committees somewhat disconnected.
- Suggestions:
  - Meetings that provide update of all committees rather than speaker
  - See other committees' agenda
  - How does the speaker tie to our goal and how does it fit to where we're trying to go
  - Solid sense of our mission and how each committee fits into that mission
  - Bring people to the meeting to give us input
  - Keep in mind 3 levels:
    1. Individual consumer
    2. Family
    3. Community
  - Program updates in writing – program specific 3 times per year. Information/report with an accompanying presentation. Written document provided in electronic packet prior to the presentation in order to prepare.
    1. A report a month related to various committee on aspect of a program
    2. For presentation: what's new, compelling issues, board questions
- Dedicate a slot of time at the regular MHADB meeting to have this type of open discussion. Omit having a guest speaker some months in order to include this type of discussion.
- Tabled Organizational Leadership charts, MHSA – CCW information.
- Consensus to postpone the guest speaker for the June regular Board meeting and use the presentation time to continue today's dialogue, vet ideas, and identify next steps – post retreat debriefing (the Executive Committee will provide a summary).

❖ **Presentation of Wraparound Services in CSOC**

*Presented by:*

**Christi Fee**, Director, Mental Health America

- Oversees the contract with CSOC and ASOC.
- Provides family and consumer advocacy support to both systems.
- Focused on what their program does specifically for children and families.

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May 8, 2015

- Comes with her own lived experience, accessing multiple county services with her daughter.
- Provided a basic overview of Wraparound Services and the definition from the National Wraparound Institute.
  - Wraparound is an intensive holistic method of engaging with individuals with complex needs, most typically with children, youth and their families but can also range out to other populations.
  - The purpose is so that they can live in their homes and communities.
  - Described as a philosophy, an approach and a service.
  - Most commonly conceived as an intensive, individualized care planning and management process.
  - Wraparound is not treatment.
- 3 important elements: problem solving, coping, self-efficacy.
- Emphasis on integrating the youth into the community and building the family social support network.
- Discussed increasing natural supports and how difficult it is to build the natural supports. Reported that when there's more natural supports involved with the family and the youth, they will have far better and longer lasting outcomes.
  - Ms. Fee will provide the study she mentioned for the members.
- Strength based activities – those activities that are around helping the child and family recognize and utilize building their own strengths, assets, and talents and positive capacities.

**Candyce Skinner**, Program Manager, CSOC

- Vision – Placer County Wraparound partners with families to ensure self-sufficiency and stability, using the family's strengths and resources by adhering to Wraparound principles.
- Some of the kids participate in traditional therapy.
- Discussed the difference between a treatment and therapeutic process (not individual therapy).
- Reported a small program that was just started (using MHSA monies): Reintegration Wraparound for families where one parent who was incarcerated is returning to the family.
- Team approach.
- One of the challenges of the wraparound team is to keep the focus on moving forward with the goals that aren't around solving a crisis.
- Teams include: facilitator - makes sure everything gets done; parent advocate – on every team; youth advocate – young adults that have been in the system (sometimes on the team); support counselor – focus is usually the child and is to target specific behaviors of the child or reach specific goals – all on every team.
- Distributed and reviewed the Wraparound model and the 4 phases.
- Eligibility: Family has to have a child who has a mental health diagnosis.
- Families don't fail, the plans do.
- Element of Wraparound is celebrating the successes.
- Distributed and reviewed the 10 principles of the Wraparound process.

**Jainell Gaitan**, Program Supervisor, ASOC

- Supervises the Full Services Partnership (FSP) - Homeless Program.
- The program is funded through the MHSA.
- Targets adults with chronic and severe mental illness that are either at risk of homelessness, who are homeless, and because of their mental illness they are continuous users of the system.
- Offers intensive case management services and unlike the CSOC Wraparound program, ASOC is a treatment program.
- Provided a review of how the ASOC provides wraparound services and how the services differ from that of CSOC.
- Reviewed FSP criteria and noted intensive outreach is done when a person meets all the FSP criteria.
- Explained about the multi-disciplinary team.
- More often than not, authorizations are not received.
- FSP teams are working very closely with law enforcement officers, who are trained to do 5150s, and going out in the field with officers.

*Retreat adjourned at 1:22 p.m.*